

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Application Number	09/966,040
Filing Date	09/28/2001
First Named Inventor	Max L. Musser
Group Art Unit	2103
Examiner Name	Wood, William H.
Attorney Docket Number	01118

Total Number of Pages in this Submission 22

**Enclosures (check all that apply)**

- ☒ Fee Transmittal Form  
☒ Fee Attached  
☒ Amendment / Response  
☒ After Final  
☐ Affidavits / Declaration(s)  
☒ Extension of Time Request  
☐ Express Abandonment Request  
☐ Information Disclosure Statement  
☐ Certified Copy of Priority Document(s)  
☐ Response to Missing Parts under 37 CFR 1.52 or 1.53  
☐ Response to Missing Parts/Incomplete Application

- ☐ Assignment & Recordation Cover Sheet  
☐ Drawing(s) & Letter to Official Draftsman  
☐ Interview Summary  
☐ Petition to the Commissioner  
☐ Petition to Convert a Provisional Application  
☐ Power of Attorney, Revocation Change of Correspondence Address  
☐ Terminal Disclaimer  
☐ Request for Refund

- ☐ After Allowance Communication to Group  
☐ Appeal Communications to Board of Appeals and Interferences  
☐ Appeal Communications to Group (Appeal Notice, Brief, Reply Brief)  
☐ Proprietary Information  
☐ Status Letter  
☒ Return Receipt Postcard  
☐ CD, Number of CDs  
☒ Additional enclosure(s) (please identify below)

1. Request for Continued Examination (RCE)  
 2. Check in the amount of \$930.00

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☒ Customer Number or Bar Code Label

Customer Number - 26652

or ☐ Correspondence address below

NAME	John Etchells			
ADDRESS	AT&T CORP., One AT&T Way, Room 2A-207			
CITY	Bedminster	STATE	New Jersey	ZIP CODE 07921
COUNTRY	United States of America	FAX	908-532-1281	

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

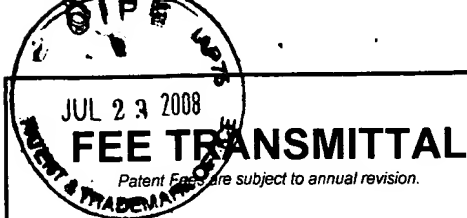
NAME	Robert T. Canavan	Reg. #	37592
TELEPHONE	908-707-1568		
SIGNATURE	<i>Robert T. Canavan</i>	DATE	07/21/2008

**CERTIFICATE OF MAILING**

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Type or Printed Name	Mary J. Curch		
Signature	<i>Mary J. Curch</i>	Date	07/21/2008

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



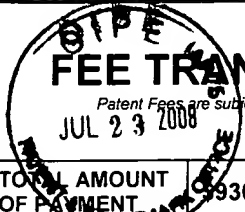
<b>FEE TRANSMITTAL</b> Patent Fees are subject to annual revision.		<b>Complete if Known</b>	
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		Examiner Name	Wood, William H.
TOTAL AMOUNT OF PAYMENT	\$930	Group/Art Unit	2193
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<b>METHOD OF PAYMENT (check one)</b>				<b>FEE CALCULATION (continued)</b>																																																																																																																											
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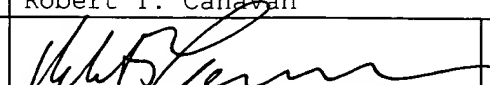
\*\* or number previously paid, if greater; for Reissues, see above

<b>SUBMITTED BY</b>				<b>Complete (if applicable)</b>	
Typed or Printed Name	Robert T. Canavan			Reg. Number	37,592
Signature				Date	07/21/2008
				Deposit Account User ID	

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

	<b>Complete if Known</b>	
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<p><b>METHOD OF PAYMENT (check one)</b></p> <p>1. Check in the amount of \$930.00</p> <p>2. Charge any additional fee required under 37 CFR 1.16 and 1.17</p> <p>Deposit Account Number: 01-2745</p> <p>Deposit Account Name: AT&amp;T CORP.</p> <hr/> <p style="text-align: center;"><b>FEE CALCULATION</b></p> <p><b>1. FILING FEE</b></p> <table style="width:100%;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee(\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1001</td> <td>300</td> <td>Utility(37CFR 1.53(b)) / CPA(37CFR 1.53(d)) Filing Fee</td> <td></td> </tr> <tr> <td>1002</td> <td>200</td> <td>Design Filing Fee</td> <td></td> </tr> <tr> <td>1004</td> <td>300</td> <td>Reissue Filing Fee</td> <td></td> </tr> <tr> <td>1005</td> <td>200</td> <td>Provisional Filing Fee</td> <td></td> </tr> <tr> <td colspan="3"><b>SUBTOTAL (1)</b></td> <td></td> </tr> </tbody> </table> <p><b>2. 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<b>SUBMITTED BY</b>				<b>Complete (if applicable)</b>	
Typed or Printed Name	Robert T. Canavan			Reg. Number	37,592
Signature			Date	07/21/2008	Deposit Account User ID

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450